

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA**

**ELECTRONIC CASE FILING SYSTEM ATTORNEY  
REGISTRATION FORM**

This form is required for full participation in the Case Administration / Electronic Case Files (CM/ECF) system of the United States Bankruptcy Court for the Western District of North Carolina. A full participant ECF User may file documents electronically with the court through the Internet, in accordance with the CM/ECF administrative procedures adopted by the court and other applicable statutes and rules.

First/Middle/Last Name: \_\_\_\_\_

Bar ID & State: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Phone Number: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

By submitting this training registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases designated by the U.S. Bankruptcy Court for the Western District of North Carolina.
2. Each attorney desiring to file pleadings or other documents electronically must complete and sign an Attorney Registration Form. Additionally, attorneys filing in the U.S. Bankruptcy Court must complete a Credit Card Authorization Form.
3. I will not knowingly permit use of my login and password by anyone not so authorized. I shall take steps to prevent such unauthorized use, and I shall be fully responsible for the use of the login and password whether authorized or unauthorized. If authorization to use a login and password is withdrawn (e.g., when a staff member terminates employment) or if unauthorized use of a login and password is suspected, I will select and activate a new password the use in the CM/ECF system. I will also notify the court immediately upon learning of any

unauthorized use.

4. I hereby authorize the U.S. Bankruptcy Court to charge my credit card for any applicable fees required in conjunction with electronic filings. I understand that it is my responsibility to provide the court with any changes to my creditor card information.
5. Pursuant to Federal Rule of Civil Procedure 11, Federal Rule of Bankruptcy Procedure 9011, every pleading, petition, written motion, and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record. Use of my ECF user login and password constitutes my signature on an electronically filed document for all purposes, including those under Rule 9011, 28 U.S.C. § 1746 and Local Bankruptcy Rule 5005-1(b), and shall have the same force and effect as if I had affixed my signature on a paper copy of the document being filed.
6. Registration as a Filing User constitutes: (1) consent to receive notice electronically and waiver of the right to receive notice by first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), Federal Rule of Bankruptcy Procedure 7005, 9006(f), 9022 and Local Rule 5005-1(e); (2) consent to electronic service and waiver of the right to service by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), 6(e) and 77(d) Federal Rule of Bankruptcy Procedure 7005, 9006(f), 9022 and Local Rule 5005-1(e) except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of entry of an order or judgment.
7. I understand that by making application for training and obtaining a password, I agree to abide by all Local and Federal Rules and the Administrative Guide.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
First/Last  
Initials

\_\_\_\_\_  
Last 4 digits  
SSN or Bar ID

**Submit to:**

**For Charlotte, Shelby and Wilkesboro:      For Asheville:**

United States Bankruptcy Court  
Western District of North Carolina  
Office of the Clerk  
P.O. Box 34189  
Charlotte, North Carolina 28234-4189

United States Bankruptcy Court  
Western District of North Carolina  
Asheville and Bryson City Divisions  
100 Otis Street, Room 112  
Asheville, North Carolina 28801

Received on: \_\_\_\_\_

By: \_\_\_\_\_  
Clerk / Deputy Clerk